

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19603

State File No.

FILED JUL 3 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 5726

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Louis Children Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community,
years, months or days)

3. (a) PRINT FULL NAME GERALDINE GIBSON

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 2 20 hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation NIL.

11. Industry or business

12. Name Louie Gibson
13. Birthplace Des. Dodge Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Farmer
15. Birthplace Herculaneum
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Gibson
(b) Address 313 A Geyer Ave.
17. (a) Burial (b) Date thereof June 25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem
18. (a) Signature of funeral director Therod L. & Son
(b) Address 2906 Gravois Ave.
19. (a) JUN 28 1943 (b) J. F. Buehler
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 313 A Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis non-epidemic
Duration

Due to

Due to

Other conditions 80
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(a) Means of injury 3

23. Signature Alfred W. Perry (M. D. or other)
Address St. Louis Date signed 6/23/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Thos. L. Lutes

Licensed Embalmer No.....

1619

P.O. Address.....

2906 Graves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.